Accordingly, 24 CFR part 200 is amended as follows:

Part 200—INTRODUCTION

1. The authority citation for 24 CFR part 200 continues to read as follows:

Authority: Titles I, II, National Housing Act (12 U.S.C. 1701–1715z–18); sec. 7(d), Department of Housing and Urban Development Act (42 U.S.C. 3535(d)).

2. In § 200.213, paragraph (c)(3) and paragraph (e) are revised to read as follows:

§ 200.213 Applicability of procedure.

* * * * *

(c) * * *

(3) Housing assistance payments under section 8 of the United States Housing Act of 1937 (with the exception of the programs described in 24 CFR part 882, subparts A, B, C and F, and in 24 CFR part 887, which are tenant-based programs);

* * * * *

(e) Sales of projects by the Secretary, including "all cash" sales.

* * * * *

3. In § 200.215, paragraph (e)(1) is revised and a new paragraph (h) is added, to read as follows:

§ 200.215 Definitions.

* * * * *

(e) *Principal.* (1) An individual, joint venture, partnership, corporation, trust, nonprofit association, or any other public or private entity proposing to participate, or participating, in a project as sponsor, owner, prime contractor, Turnkey Developer, management agent, nursing home administrator or operator, packager, or consultant; and architects and attorneys who have any interest in the project other than an arms-length fee arrangement for professional services.

* * * * *

(h) *Risk.* In order to determine whether a participant's participation in a project would constitute an unacceptable risk, the following factors must be considered: Financial stability; previous performance in accordance with HUD statutes, regulations, and program requirements; general business practices; or other factors which indicate to the MPRC that the principal could not be expected to operate the project in a manner consistent with furthering the Department's purpose of supporting and providing decent, safe and affordable housing for the public.

4. In § 200.230, paragraphs (c) introductory text and (c)(1) are revised, and current paragraph (f) is redesignated as paragraph (g) and a new paragraph (f) is added, to read as follows:

§ 200.230 Standards for disapproval.

* * * * *

(c) Unless the Review Committee finds mitigating or extenuating circumstances that enable it to make a risk determination for approval, any of the following occurrences attributable or legally imputable to a principal may be the basis for disapproval, whether or not the principal was actively involved in the project:

(1) Mortgage defaults, assignments or foreclosures, unless the Review Committee determines that the default, assignment or foreclosure was caused by circumstances beyond the principal's control;

* * * * *

(f) Submission of a false or materially incomplete form 2530 certification application.

* * * * *

5. In § 200.243, paragraph (a) is revised to read as follows:

§ 200.243 Hearing rules—How and when to apply.

(a) A principal who has been disapproved, conditionally approved, or who has had approval withheld by the Review Committee, either initially or after reconsideration, or who is disapproved by the Participation Control Officer, may request a hearing before a Hearing Officer. The hearing will be conducted in accordance with the provisions of 24 CFR part 26, except as modified by this section. Requests for hearing must be made within 30 days from the date of receipt of notice of the adverse determination.

(1) Except as provided in paragraphs (a)(2) and (3) of this section, a principal may request an oral hearing before a hearing officer.

(2) Where a disapproval is based solely on a suspension or debarment that has been previously adjudicated, the hearing shall be limited to the opportunity to submit documentary evidence and written briefs for consideration by a hearing officer.

(3) Where a disapproval is based on a suspension and an appeal is pending, the hearing shall be stayed pending the outcome of the suspension, unless the parties and the hearing officer agree that the matter should be consolidated with the suspension for hearing.

* * * * *

Dated: June 18, 1991.

Arthur J. Hill,

Assistant Secretary for Housing-Federal Housing Commissioner.

[FR Doc. 91–24226 Filed 10–8–91; 8:45 am]

BILLING CODE 4210-27-M

NATIONAL LABOR RELATIONS BOARD

29 CFR Part 102

Procedural Rules

AGENCY: National Labor Relations Board.

ACTION: Final rules.

SUMMARY: The National Labor Relations Board is revising its rules to provide for a minimum type size that may be utilized in documents filed with the Agency. The intended effect of the change is to prevent parties to Board proceedings from circumventing page limitation requirements by filing documents utilizing substandard type sizes and to help insure the legibility of other documents for which no page limitation exists.

EFFECTIVE DATE: November 8, 1991.

FOR FURTHER INFORMATION CONTACT: John C. Truesdale, Executive Secretary, 1717 Pennsylvania Avenue, NW., room 701, Washington, DC 20570, Telephone: (202) 254–9430.

SUPPLEMENTARY INFORMATION: The National Labor Relations Board has concluded that parties to Board proceedings occasionally have attempted to circumvent page limitations by filing papers utilizing small type or narrow margins. Accordingly, the Board is revising section 102.114 of its rules in order to establish a minimum type size and margin width that may be utilized in documents filed with the Board. The change also will help insure the legibility of other documents for which no page limitation exists.

The title of § 102.114 is modified to include reference to the fact that the section now covers the subject of the form of papers to be filed with the Board. Paragraph (a) is retained without modification. The present paragraph (b) is renumbered to become paragraph (c) and is otherwise unchanged. A new paragraph (b) is added. This new paragraph establishes a minimum type size of "elite" type or its equivalent (12 typewritten characters per inch), the size type presently utilized in Board slip opinions. The other commonly employed type, known as "pica," is larger (10 typewritten characters per inch), and so is also permitted. So far as the Board is aware, elite and pica typewriters and printers are commonly employed throughout the country, so the rule should have no adverse impact on any party appearing before the Agency.

The new rule also provides that documents be filed on 8½ by 11-inch plain white paper, have margins no smaller than one inch on any side, and be double spaced (except that quotations and footnotes may be single spaced). Finally, the rule specifies that carbon copies shall not be filed.

No special attempt has been made to accommodate typographically printed documents. Typographic printing methods typically compress far more words onto a single page than is possible with typewriters or with standard computer printers that print in the manner of a typewriter. Accordingly, if the Board were to establish an acceptable typographic type size, it would have to reduce the page size of the document to prevent parties who used that method from circumventing the intent of applicable page limitations. See, e.g., Supreme Court Rules 33 and 34, setting different page limits and page sizes for documents depending on whether they are typographically printed or typewritten. Because virtually all documents filed with the National Labor Relations Board are typewritten, the Board has opted not to attempt to formulate the complex set of rules that would be necessary to accommodate traditional typographic printing methods. Parties wishing to submit typographically printed documents may do so, but the type must be set to conform with the requirement that it be the equivalent of elite or larger typewriting.

Pursuant to section 605(b) of the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*), the NLRB certifies that this rule will not have a significant impact on a substantial number of small businesses.

List of Subjects in 29 CFR Part 102

Administrative practice and procedure, Labor management relations.

PART 102—[AMENDED]

Accordingly, 29 CFR part 102 is amended as follows:

1. The authority citation for 29 CFR part 102 continues to read as follows:

Authority: Section 6, National Labor Relations Act, as amended (29 U.S.C. 151, 156). Section 102.117(c) also issued under Section 552(a)(4)(A) of the Freedom of Information Act, as amended (5 U.S.C. 552(a)(4)(A)). Sections 102.143 through 102.155 also issued under Section 504(c)(1) of the Equal Access to Justice Act, as amended (5 U.S.C. 504(c)(1)).

2. In § 102.114, the heading and paragraphs (b) and (c) are revised to read as follows:

§ 102.114 Service of papers by parties; form of papers; proof of service.

* * * * *

(b) Papers filed with the Board, General Counsel, Regional Director, Administrative Law Judge, or Hearing Officer shall be typewritten or otherwise legibly duplicated on 8½ by 11-inch plain white paper, shall have margins no less than one inch on each side, shall be in a typeface no smaller than 12 characters-per-inch (elite or the equivalent), and shall be double spaced (except that quotations and footnotes may be single spaced). Carbon copies shall not be filed and will not be accepted. Nonconforming papers may, at the Agency's discretion, be rejected.

(c) The person or party serving the papers or process on other parties in conformance with §§ 102.113 and 102.114(a) shall submit a written statement of service thereof to the Board stating the names of the parties served and the date and manner of service. Proof of service as defined in § 102.114(a) shall be required by the Board only if subsequent to the receipt of the statement of service a question is raised with respect to proper service. Failure to make proof of service does not affect the validity of the service.

* * * * *

Dated, Washington, DC, October 2, 1991.

By direction of the Board:

John C. Truesdale,

Executive Secretary, National Labor Relations Board.

[FR Doc. 91-24318 Filed 10-8-91; 8:45 am]

BILLING CODE 7545-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Part 414

[BPD-742-IFC]

RIN 0938-AF57

Medicare Program; Continuous Use of Durable Medical Equipment

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Interim final rule with comment period.

SUMMARY: We are setting forth in this interim final rule with comment period the Secretary's determination, required under section 1834(a)(7)(A) of the Social Security Act, of the meaning of the term "continuous" as that term is used in defining a period of continuous use for which we make payments for durable medical equipment.

DATES: *Effective Date:* This final rule is effective November 8, 1991.

Comment Date: Comments will be considered if we receive them at the appropriate address, as provided below, by 5 p.m. on November 25, 1991.

ADDRESSES: Mail comments to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: BPD-742-IFC, P.O. Box 26676, Baltimore, Maryland 21207.

If you prefer, you may deliver your comments to one of the following addresses:

Room 309-G, Hubert H. Humphrey Building, 200 Independence Ave., SW., Washington, DC 20201.

Room 132, East High Rise Building, 6325 Security Boulevard, Baltimore, Maryland 21207.

Due to staffing and resource limitations, we cannot accept facsimile (FAX) copies of comments. If comments concern information collection recordkeeping requirements, please address a copy of comments to: Office of Management and Budget, Office of Information and Regulatory Affairs, Room 3001, New Executive Office Building, Washington DC 20503. Attention: Allison Herron Eydt

In commenting, please refer to file code BPD-742-IFC. Comments received timely will be available for public inspection as they are received, beginning approximately three weeks after publication of this document, in room 309-G of the Department's offices at 200 Independence Ave., SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: 202-245-7890).

FOR FURTHER INFORMATION CONTACT: William Long, (301) 966-5655.

SUPPLEMENTARY INFORMATION:

I. Background

Section 4062(b)(1) of the Omnibus Budget Reconciliation Act of 1987 (Pub. L. 100-203) added section 1834 to the Social Security Act (the Act) to provide for a completely restructured Medicare payment methodology for durable medical equipment (DME) and orthotic and prosthetic devices. Section 1834 of the Act, as amended by section 411(g)(1) of the Medicare Catastrophic Coverage Act of 1988 (Pub. L. 100-360), section 608(d)(22)(A) of the Family Support Act of 1988 (Pub. L. 100-485), and sections 6112 and 6140 of the Omnibus Budget Reconciliation Act of 1989 (Pub. L. 101-239), provides special payment rules for DME, prosthetics, and orthotics furnished on or after January 1, 1989. Section 4152 of the Omnibus Budget Reconciliation Act of 1990 (Pub. L. 101-508) amends the payment rules for DME items furnished on or after January 1, 1991.

More specifically, sections 1834(a)(2) through (a)(7) of the Act set forth six separate classes of DME, orthotics, and prosthetics and describe how the fee schedule for each class is established. The six classes of items are:

- Inexpensive and other routinely purchased DME.
- Items requiring frequent and substantial servicing.
- Customized items.
- Oxygen and oxygen equipment.
- Other covered non-DME items.
- Other items of DME (capped rental items).

Under section 1834(a)(7)(A)(i) of the Act, payment is made on a monthly basis for the rental of items of DME (capped rental items) that are not paid for under the other five classes of items set forth in sections 1834(a)(2) through (6) of the Act. For DME items furnished on or after January 1, 1989, payment for a capped rental item may not exceed a period of continuous use of longer than 15 months. If a beneficiary's continuous use of an item of DME exceeds 15 months, we pay a capped rental payment only for the first 15 months. After the 15-month period, the supplier retains ownership of the item and must continue to provide the item without any charge to the beneficiary until medical necessity ends or Medicare coverage ceases.

For capped rental DME items furnished on or after January 1, 1991, section 1834(a)(7)(A)(i) of the Act, as amended by section 4152(c)(2) of Public Law 101–508, requires that in the 10th continuous month during which payment is made for a capped rental item, a supplier must give individual beneficiaries the option of converting the rental equipment to purchased equipment. If a beneficiary accepts this purchase option, the period of continuous use for which capped rental payments can be made under section 1834(a)(7)(A)(i) of the Act is limited to 13 months.

Section 1834(a)(7)(A) of the Act requires that the Secretary determine the meaning of the term "continuous" as that term is used in defining a period of continuous use for which we make payments for capped rental DME items. The purpose of this interim final rule is to implement our definition of what constitutes a period of continuous use.

Recently, the United States District Court for the District of Puerto Rico, in *Medics, et al.* v. *Sullivan*, No. 88–2120–JAF (D.P.R. May 31, 1991), ordered us to proceed more expeditiously to define the word "continuous" as used in section 1834(a)(7) of the Act through notice and comment rulemaking. We have previously published our definition of the continuous use period for DME items on an interim basis in section 5102.1.E of the Medicare Carriers Manual (HCFA Transmittals No. 1279 and 1395). However, in order to comply with the court order, we are adding a new § 414.230 to set forth our determination of what constitutes a period of continuous use for purposes of delineating the period for which we make payment for capped rental items under section 1834(a)(7) of the Act.

In defining the term "continuous use," we considered the language contained in the House Committee Report for Public Law 100–203. That report states that if a patient's medical need for an item of DME terminated prior to the expiration of 15 months, but the need recurred, a new 15-month period would begin. (See H.R. Rep. No. 391, 100th Cong., 1st Sess. 395 (1987).) We believe that this language indicates that Congress contemplated that only cessation of the patient's medical need for the equipment would terminate a period of continuous use. Therefore, we are defining "continuous use" as a period that will begin with the first month of medical need and continue until the patient's medical need for a particular item of equipment ceased. That period could be interrupted for reasons other than a termination of medical need, such as a hospitalization. During an interruption, the capped rental period will not be terminated but temporarily suspended. For example, if a beneficiary rents an item of equipment for 12 months and is then hospitalized for 60 days and the beneficiary's medical need for the equipment did not cease, upon his or her discharge from the hospital, the beneficiary will be considered to be in the 13th month of rental for purposes of calculating the capped rental period. Moreover, for the 2 months the beneficiary was hospitalized, no separate payment under Medicare Part B will be made for the item of equipment.

If a period of interruption is extensive, the supplier may wish to retrieve the item of equipment during that period and return the item after the interruption. If, however, the beneficiary does not use an item for longer than 60 days plus the days remaining in the last paid rental month, a new capped rental period begins upon the beneficiary's resumption of use and the physician's recertification of medical necessity. A recertification must include a new prescription and a statement describing the reason for the interruption and demonstrating that medical necessity ended. If no recertification is submitted by the supplier, a new capped rental period will not begin.

The period of continuous use for capped rental items may also be affected if a beneficiary moves or requires a change in suppliers. The House Committee report provides that, "* * * if a patient were to relocate his residence or change suppliers, but did not otherwise have a break in use during an uninterrupted period, that should be considered continuous." (H.R. Rep. No. 391, 100th Cong., 1st Sess. 395 (1987).) Based on the clear congressional intent, we have decided that once the initial rental period starts, a move by the beneficiary, either permanently or temporarily, or a change of supplier, will not result in a new rental episode or a break in the period of continuous use. If the period had already expired, we will not make any additional payments. However, in the event that the medical needs of the beneficiary were to change, necessitating an equipment change either through the addition of equipment or a change to different equipment, a new capped rental period will begin for the new or additional equipment. A new capped rental period will not begin for base equipment that is modified.

If the beneficiary's medical necessity is interrupted after the 15-month period, the rules governing continuous medical need, discussed above, will also apply. That is, the beneficiary's period of continuous use after the initial 15-month period also could be interrupted occasionally by various factors (such as hospitalization) without being terminated. However, claims for equipment that are submitted after the 15-month cap has been reached and which purport to be for a new period of medical necessity will be subjected to an intense carrier medical review.

Our policy concerning the period of continuous use for which capped rental payments may be made, as delineated in HCFA Transmittals 1279 and 1395 to the Medicare Carriers Manual, has been in effect on an interim basis since January 1, 1989.

II. Changes to the Regulations

We are setting forth our rules concerning a period of continuous use in new § 414.230, which will be a part of subpart D (Payment for Durable Medical Equipment and Prosthetic and Orthotic Devices) of a new part 414 (Payment for Part B Medical and Other Health Services). We intend to issue a separate final rule for other provisions that concern payment for durable medical equipment.

III. Regulatory Impact Statement

A. Executive Order 12291

Executive Order 12291 (E.O. 12291) requires us to prepare and publish a regulatory impact analysis for any final rule that meets one of the E.O. criteria for a "major rule"; that is, that will be likely to result in—

- An annual effect on the economy of $100 million or more;
- A major increase in costs or prices for consumers, individual industries, Federal, State, or local government agencies, or geographic regions; or
- Significant adverse effects on competition, employment, investment, productivity, innovation, or on the ability of United States-based enterprises to compete with foreign-base enterprises in domestic or export markets.

The impact on the Medicare program and on DME distributors and manufacturers is expected to be less than $100 million per year over the next five fiscal years. For this reason, we have determined that a regulatory impact analysis meeting the requirements of E.O. 12291 is not required. Therefore, we have not prepared one.

B. Regulatory Flexibility Act

We generally prepare a regulatory flexibility analysis that is consistent with the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 through 612) unless the Secretary certifies that a final rule will not have a significant economic impact on a substantial number of small entities.

In 1989, total Medicare expenditures for capped rental items of DME equalled approximately $350 million. We expect that the policy on continuous use of DME that we are implementing in this interim final rule with comment period will affect only a small portion of the transactions involving capped rental DME. Although it is possible that some highly specialized DME manufacturers or suppliers may experience significant effects as a result of this policy, we cannot determine whether the effects will be detrimental or beneficial because we lack data on individual company sales or on practice patterns with respect to equipment rentals. Overall, however, the impact of this final rule on the $3.9 billion DME industry will be insignificant. Thus we have determined, and the Secretary certifies, that this final rule will not meet the criteria of the RFA for requiring a regulatory flexibility analysis. Therefore, we have not prepared one.

Section 1102(b) of the Act requires the Secretary to prepare a regulatory impact analysis if a final rule may have a significant impact on the operations of a substantial number of small rural hospitals. Such an analysis must conform to the provisions of section 604 of the RFA. Since we have determined, and the Secretary certifies, that this final rule will not have a significant economic impact on the operations of a substantial number of small rural hospitals, we have not prepared a rural hospital impact statement.

IV. Other Required Information

A. Waiver of Notice of Proposed Rulemaking

Because the Secretary is defining the term "continuous" as used in section 1834(a)(7)(A) of the Act, we ordinarily would publish a notice of proposed rulemaking and afford a period for public comment. However, section 4039(g) of Public Law 100–203 expressly provides that the Secretary may issue regulations on an interim or other basis as may be necessary to implement the amendments made by subtitle A of Public Law 100–203, which includes the provisions in section 4062 being implemented here. Moreover, the Court in *Medics* v. *Sullivan* sustained the implementation of our continuous use policy on an interim basis, subject to its order that we conduct expedited notice and comment rulemaking and issue a final rule. Until that time, the Court has directed that our continuous use policy, as spelled out in HCFA Transmittals 1279 and 1395 to the Medicare Carriers Manual (and set forth in this interim final rule) will remain in effect. Therefore, we find good cause to waive the notice of proposed rulemaking and to issue these regulations on an interim basis. As directed by the Court, we are providing a 45-day public comment period, and we will publish a final rule as expeditiously as possible following the close of the comment period.

B. Paperwork Reduction Act

Sections 414.230(c) and (e) of this rule contain information collection requirements subject to review by the Executive Office of Management and Budget (OMB) under the authority of the Paperwork Reduction Act of 1980 (44 U.S.C. 3501–3511). In the near future, we will submit a copy of this document to OMB for its review of these information collection requirements. Comments concerning these information collection requirements should be directed to the OMB official whose name appears in the "ADDRESSES" section of this preamble.

C. Public Comments

Because of the large number of items of correspondence we normally receive on an interim final rule with comment period, we are not able to acknowledge or respond to them individually. However, we will consider all comments that we receive by the date and time specified in the "Dates" section of this preamble, and when we proceed with the final rule, we will respond to the comments in the preamble to the final rule.

List of Subjects in 42 CFR Part 414

End-stage renal disease (ESRD), Durable medical equipment, Health professions, Laboratories, Medicare.

42 CFR chapter IV, part 414 is amended as set forth below:

CHAPTER IV—HEALTH CARE FINANCING ADMINISTRATION, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Subchapter B—Medicare Program

PART 414—PAYMENT ON A REASONABLE CHARGE BASIS

1. The authority citation for part 414 is revised to read as follows:

Authority: Secs. 1102, 1833(a), 1834(a), 1871, and 1881 of the Social Security Act (42 U.S.C. 1302, 13951(a), 1395m(a), 1395hh, and 1395rr).

2. A new subpart D, consisting of § 414.230, is added to read as follows:

Subpart D—Payment for Durable Medical Equipment and Prosthetic and Orthotic Devices

§ 414.230 Determining a period of continuous use.

(a) *Scope.* This section sets forth the rules that apply in determining a period of continuous use for rental of durable medical equipment.

(b) *Continuous use.* A period of continuous use begins with the first month of medical need and lasts until a beneficiary's medical need for a particular item of durable medical equipment ends.

(c) *Temporary interruption.* (1) A period of continuous use allows for temporary interruptions in the use of equipment.

(2) An interruption of not longer than 60 consecutive days plus the days remaining in the rental month in which use ceases is temporary, regardless of the reason for the interruption.

(3) Unless there is a break in medical necessity that lasts longer than 60 consecutive days plus the days remaining in the rental month in which use ceases, medical necessity is presumed to continue.

(d) *Criteria for a new rental period.* If an interruption in the use of equipment continues for more than 60 consecutive days plus the days remaining in the rental month in which use ceases, a new rental period begins if the supplier submits all of the following information—

(1) A new prescription.

(2) New medical necessity documentation.

(3) A statement describing the reason for the interruption and demonstrating that medical necessity in the prior episode ended.

(e) *Beneficiary moves.* A permanent or temporary move made by a beneficiary does not constitute an interruption in the period of continuous use.

(f) *New equipment.* If a beneficiary changes equipment based on a physician's prescription, and the new equipment is found to be necessary, a new period of continuous use begins for the new equipment. A new period of continuous use does not begin for equipment that is modified.

(g) *New supplier.* If a beneficiary changes suppliers, a new period of continuous use does not begin.

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: July 25, 1991.

Gail R. Wilensky,

Administrator, Health Care Financing Administration.

Approved: August 2, 1991.

Louis W. Sullivan,

Secretary.

[FR Doc. 91–24188 Filed 10–8–91; 8:45 am]

BILLING CODE 4120–01–M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

43 CFR Public Land Order 6887

[UT–942–4214–10; U–0145311]

Withdrawal of Public Land for Simpson Springs Historic and Recreation Site; Utah

AGENCY: Bureau of Land Management, Interior.

ACTION: Public land order.

SUMMARY: This order withdraws 107.50 acres of public land from surface entry and mining for a period of 20 years for the Bureau of Land Management to protect the Simpson Springs Historic and Recreation Site. All of the land has been and will remain open to mineral leasing.

EFFECTIVE DATE: October 9, 1991.

FOR FURTHER INFORMATION CONTACT: Michael L. Barnes, BLM Utah State Office, P.O. Box 5155, Salt Lake City, Utah 84145–0155, 801–539–4119.

By virtue of the authority vested in the Secretary of the Interior by section 204 of the Federal Land Policy and Management Act of 1976, 43 U.S.C. 1714 (1988), it is ordered as follows:

1. Subject to valid existing rights, the following described public land is hereby withdrawn from settlement, sale, location, or entry under the general land laws, including the United States mining laws (30 U.S.C. ch. 2), but not from leasing under the mineral leasing laws, to protect a Bureau of Land Management historic and recreation site:

Salt Lake Meridian

T. 9 S., R. 8 W.,

Sec. 18, S½NW¼NE¼, N½SW¼NE¼, N½S½SW¼NE¼, W½E½SE¼NE¼, W½SE¼NE¼, SE¼SE¼SE¼NE¼, N½NE¼SE¼, and N½SE¼NE¼SE¼.

The area described contains 107.50 acres in Tooele County.

2. The withdrawal made by this order does not alter the applicability of those public land laws governing the use of the lands under lease, license, or permit, or governing the disposal of their mineral or vegetative resources other than under the mining laws.

3. This withdrawal will expire 20 years from the effective date of this order unless, as a result of a review conducted before the expiration date pursuant to section 204(f) of the Federal Land Policy and Management Act of 1976, 43 U.S.C. 1714(f) (1988), the Secretary determines that the withdrawal shall be extended.

Dated: October 1, 1991.

Dave O'Neal,

Assistant Secretary of the Interior.

[FR Doc. 91–24287 Filed 10–8–91; 8:45 am]

BILLING CODE 4310–DQ–M

FEDERAL MARITIME COMMISSION

46 CFR Part 550

[Petition No. P3–91; Docket No. 91–41]

Application of Trailer Marine Transport Corporation Under Section 35 of the Shipping Act, 1916

AGENCY: Federal Maritime Commission.

ACTION: Final rule.

SUMMARY: The Federal Maritime Commission amends its regulations governing the publishing, filing and posting of tariffs in domestic offshore commerce pursuant to the Shipping Act, 1916. This amendment of part 550 adds a new exemption for carriers providing port-to-port service in the Puerto Rico and Virgin Islands domestic offshore trades. Such carriers may now change on one day's notice any tariff regulation, rule or note that reduces the shipper's cost of transportation and may also file on one day's notice any new tariff regulation, rule or note that does not increase the shipper's cost of transportation. Provisions of the Intercoastal Shipping Act, 1933, and the Commission's regulations that pertain to any "general decrease in rates" are not affected by this amendment and carriers must continue to comply with those provisions.

EFFECTIVE DATE: This action is effective October 9, 1991.

FOR FURTHER INFORMATION CONTACT:

Robert D. Bourgoin, General Counsel, Federal Maritime Commission, 1100 L Street, NW., Washington, DC 20573, (202) 523–5740.

Bryant L. VanBrakle, Director, Bureau of Tariffs, Certification and Licensing, Federal Maritime Commission, 1100 L Street, NW., Washington, DC 20573, (202) 523–5796.

SUPPLEMENTARY INFORMATION: Trailer Marine Transport Corporation ("TMT") has filed an Application for Exemption ("Application") under section 35 of the Shipping Act, 1916 ("1916 Act"), 46 U.S.C. app. 833a, that seeks relief from the 30-day tariff filing requirement of section 2 of the Intercoastal Shipping Act, 1933 ("1933 Act"), *id.* 844. The exemption would permit carriers in the trade between the U.S. and Puerto Rico and the U.S. Virgin Islands that are regulated by the Federal Maritime Commission ("FMC" or "Commission") to file on one day's notice any changes in tariff rules, regulations or notes that would reduce the shipper's cost of transportation. In addition, the exemption would permit the filing on one day's notice of new rules, regulations and notes that would either reduce the shipper's cost of transportation, or result in no change to the shipper's cost.

A notice of the filing of the Application was published in the Federal Register (56 FR 28757) and comments supporting the Application were submitted by Matson Navigation Company ("Matson"), Puerto Rico Maritime Shipping Authority ("PRMSA"), Tropical Shipping & Construction Co. Ltd. ("Tropical"), and Sea-Land Service, Inc. ("Sea-Land"). A comment opposing the Application was